

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>Dr</i>	<i>32</i>	<i>18</i>
FORMALITY REVIEW	<i>CH</i>	<i>1119</i>	<i>09-07-01</i>
RESPONSE FORMALITY REVIEW	<i>JP</i>	<i>1029</i>	<i>10/28/01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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